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Bib Data Sheet

CONFIRMATION NO. 4363

SERIAL NUMBER 10/689,360	FILING DATE 10/20/2003 RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. PPI 0327 PUS1
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APPLICANTS

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9W ** CONTINUING DATA *****

This application is a CON of 09/886,644 06/21/2001 PAT 6,659,299
which is a CON of 09/502,100 02/10/2000 PAT 6,260,724
which is a CON of 09/210,318 12/11/1998 ABN
which is a CON of 08/877,663 06/18/1997 PAT 5,850,931
which is a CON of 08/631,034 04/18/1996 PAT 5,685,446
which is a CON of 08/166,460 12/14/1993 ABN
which is a CON of 07/915,072 07/16/1992 PAT 5,287,978
which is a CIP of 07/771,636 10/04/1991 PAT 5,139,162
which is a CON of 07/614,220 11/15/1990 PAT 5,064,080

9W ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Sam Wilson</i> Examiner's Signature <i>SN</i> Initials				

ADDRESS

22045

BROOKS KUSHMAN P.C.

1000 TOWN CENTER

TWENTY-SECOND FLOOR

SOUTHFIELD, MI

48075

TITLE

Plastic blow molded freestanding container

<p>FILING FEE RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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